



IFW

Docket No. 2003-003R1  
PATENT

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 16-30-04

BY: Suzanne Shadley  
Suzanne Shadley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Carlson et al.	Confirmation No.	2161
Serial No.:	10/790,956	Group Art Unit:	1639
Filed:	3/1/04		
For:	Evaluating Effects Of Exposure Conditions On Drug Samples Over Time	Examiner:	Not Yet Assigned

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preliminary Amendment B | <input type="checkbox"/> Supplemental Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment                 | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2)              |
| <input type="checkbox"/> Response/Amendment After Final     | <input checked="" type="checkbox"/> Amended Formal Drawings            |
| <input type="checkbox"/> Supplemental Amendment             | <input type="checkbox"/> Declaration Under 37 CFR 1.131                |
| <input type="checkbox"/> Affidavits/Declarations            | <input type="checkbox"/> Declaration Under 37 CFR 1.132                |
| <input type="checkbox"/> Declaration and Power of Attorney  | <input type="checkbox"/> Terminal Disclaimer                           |
| <input type="checkbox"/> Supplemental Declaration           | <input type="checkbox"/> Small Entity Statement                        |
| <input type="checkbox"/> Associate Power of Attorney        | <input type="checkbox"/> Request for Refund                            |
| <input type="checkbox"/> Change of Correspondence Address   | <input type="checkbox"/> Appeal  |
| <input type="checkbox"/> Associate Power of Attorney        | <input type="checkbox"/> Petition                                      |
| <input type="checkbox"/> Response to Missing Parts          | <input type="checkbox"/> Status Letter                                 |

to be filed in the above-identified patent application.

No fee is required.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0496.

A duplicate copy of this Transmittal Letter is transmitted herewith.

Date: 6-30-04

Respectfully submitted,

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